ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258 Phone (602) 364-1PET (1738) FAX (602) 364-1039 vetboard.az.gov

CHANGE OF SCOPE OR SERVICES FOR ANIMAL CREMATORY LICENSE

<u>CURRENT</u>	INFORMATION		
Crematory # Crematory Name:			
Crematory Address:			
Crematory Address:Street Address	City	State	Zip Code
Mailing Address:			
Mailing Address: Street Address	City	State	Zip Code
Crematory Telephone #	Contact Email:		
REASON FOR	CHANGE REQUEST:		
☐ Name Change			
Change Crematory Name to:			
<u> </u>			
☐ Scope of Service Change			
A.R.S. § 32-2292(C)If there are major change		ematory serv	ices offered,
the animal crematory is subject to re-inspection	l.		
☐ Additions or ☐ Reductions in Service	:		
Which type(s) of services are being change	ed? Please provide a br	ef description	on.
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Printed Name of Responsible Owner:		Date):

Please note that your request will be submitted to the Board for approval